# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 02, 2004 8:00 am**
**Secretary of State**
02-02-2004 90027 048 ***150.00

DOCUMENT # P94000006377

1. Entity Name
O'MALLEY AND MILLS, P.A.

| Principal Place of Business | Mailing Address |
|---|---|
| 906 NORTH BELCHER ROAD<br>CLEARWATER, FL 33765-2105 US | 5370 SPRING HILL DRIVE<br>SPRING HILL, FL 34606 US |

01162004 Chg-P CR2E034 (10/03)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 59-3215825 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

**6. Name and Address of Current Registered Agent**

DOUGHERTY, ROBERT A
906 NORTH BELCHER ROAD
CLEARWATER, FL 34625

**7. Name and Address of New Registered Agent**

Name THOMAS R. O'MALLEY
Street Address (P.O. Box Number is Not Acceptable) 2185 CENTERVIEW COURT, NORTH
City CLEARWATER FL Zip Code 33759

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE T R O'M 1/27/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $150.00**
**After May 1, 2004 Fee will be $550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>DOUGHERTY, ROBERT A<br>8712 BAY CREST LANE<br>TAMPA, FL 33615 | ☒ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT/V.PRES.<br>THOMAS R. O'MALLEY<br>2185 CENTERVIEW COURT, NORTH<br>CLEARWATER, FL 33759 | ☒ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | VD<br>O'MALLEY, THOMAS R<br>2185 CENTERVIEW COURT N.<br>CLEARWATER, FL 33759 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SAME | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>MILLS, PAMELA J<br>7466 OAK TREE LANE<br>SPRING HILL, FL 34607 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | SAME | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Addition |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Pamela J. Mills PAMELA J. MILLS 1/26/04 352-683-0715
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #